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Registration District No.

Primary Registration District No. 3029

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ross Eugene Kelly3. (b) If veteran,
name war _____3. (c) Social Security
No. 486-14-4321

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Mable Elizabeth Hardy Kelly 6. (c) Age of husband or wife if
alive 24 years
7. Birth date of deceased November 24, 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace Whitehall Township Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER { 12. Name Orville L. Kelly
13. Birthplace Whitehall Township Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Ford
15. Birthplace Patterson Township Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross Kelly(b) Address 3227 James Road17. (a) Burial (b) Date thereof 1/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mount Olivet18. (a) Signature of funeral director Crawford Smith(b) Address 902 Broadway Hannibal Missouri19. (a) Jan 30, 1942 (b) Robt. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 3227 James Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1942 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from on
January 26, 1942, only.
that I last saw him alive on January 26, 1942,
and that death occurred on the date and hour stated above.
Immediate cause of death Severe shock,
concussion of brain and internal
injuries.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident (Car)
(b) Date of occurrence 1-26-42
(c) Where did injury occur? East Hannibal, Ill
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO

While at work? NO (Specify type of place)
(c) Means of injury
23. Signature J. B. Phillips (M. D. or other)
Address 500 Broadway, Hannibal Date signed 1-29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed.....

James A. Moles

Licensed Embalmer No. 3296

P. O. Address..... Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2846**

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Ross E. Kelly**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased. **Nov 24 1923**
(Month) (Day) (Year)

8. AGE: Years **29** Months **2** Days **14** If less than one day

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** Day **26** Year **1942** Hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Internal Injuries
Due to **This man was driving automobile and ran into a moving freight train**
Due to **Accident happened on cement road near East Hannibal, Ill., but I do not know if highway was state main-**
Other conditions **tained.**
Injuries consisted of concussion of **brain and possible fractured skull, fractured pelvis, ruptured bladder**
Major findings: **dislocation of right hip. Lived about 16 hours after accident.**
Of operations **Underline the cause to which death should be charged statistically.**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **January 26, 1942**
(c) Where did injury occur? **Near East Hannibal, Ill.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature **J. B. Pittman** (M. D. or other)
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

